PCE 1632

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## Continued Examination (RCE) Transmittal

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|                        | displays a valid OMB control number. |
|------------------------|--------------------------------------|
| Application Number     | 10/057,620                           |
| Filing Date            | October 25, 2001                     |
| First Named Inventor   | SCARIA                               |
| Art Unit               | 1632                                 |
| Examiner Name          | Dave T. Nguyen                       |
| Attorney Docket Number | 5046US                               |

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

|                       |                         |                                                                                           |                                                                          |                |                               | •                             |                                                            |                                                  |
|-----------------------|-------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------|-------------------------------|-------------------------------|------------------------------------------------------------|--------------------------------------------------|
| inst                  | endments<br>tructs othe | on required under 37<br>and amendments e<br>rwise. If applicant de<br>entry of such amend | nclosed with the RCE wi                                                  | ll be          | entered in t                  | he order i                    | ny previously filed<br>in which they wer<br>d amendment(s) | e filed unless applicant                         |
|                       |                         |                                                                                           | Office action is outstand<br>ven if this box is not chec                 |                |                               | nents filed                   | d after the final O                                        | ffice action may be                              |
| i                     |                         | onsider the argumenther                                                                   | nts in the Appeal Brief or                                               | Rep            | ly Brief prev                 | viously file                  | d on                                                       |                                                  |
| b⊠<br>i<br>i          |                         | nendment/Reply<br>fidavit(s)/Declaration                                                  | n(s)                                                                     | iii.<br>iv.    | ☑ Informa<br>☑ Other <u>F</u> | ation Discl                   | osure Statement<br>1449, Replacem                          | (IDS)<br>nent Sheet of Figure 7                  |
| 2.                    | liscellane              | ous                                                                                       |                                                                          |                |                               |                               |                                                            |                                                  |
| а. [<br>b. Г          | a per                   |                                                                                           | the above-identified appli<br>c. (Period of suspension sha               |                |                               |                               |                                                            |                                                  |
|                       |                         |                                                                                           | F.R. 1.17(e) is required by 3                                            | C.F.           | .R. 1.114 whe                 | en the RCE                    | is filed.                                                  |                                                  |
| a. [                  |                         |                                                                                           | thorized to charge the fo                                                |                |                               |                               |                                                            | o                                                |
| i.<br>ii              | ⊠ R                     | CE fee required under<br>tension of time fee (                                            | er 37 C.F.R. 1.17(e)<br>(37 C.F.R. 1.136 and 1.17)                       |                |                               |                               | · ·                                                        |                                                  |
| b. [                  |                         | in the amount of \$                                                                       | enclosed                                                                 |                |                               |                               |                                                            |                                                  |
| c. [                  | _                       | •                                                                                         | orm PTO-2038 enclosed)                                                   |                |                               |                               | •                                                          |                                                  |
| WARNING<br>Provide cr | : Informa<br>edit card  | tion on this form<br>information and au                                                   | may become public. 0<br>hthorization on PTO-20                           | redi<br>38.    | it card info                  | rmation                       | should not be                                              | included on this form.                           |
|                       |                         | SIGNAŢU                                                                                   | IRE OF APPLICANT, AT                                                     | ΤΟΙ            | RNEY, OR                      | AGENT R                       | EQUIRED                                                    |                                                  |
| Signature             |                         | Jenn                                                                                      | ful Janaga                                                               | nt             | Date                          | 3/29/                         | 05                                                         |                                                  |
| Name (Prin            | t /Type) <sup>{</sup>   | Jennifer D. Tousig                                                                        | nant                                                                     |                | Registration                  | on No. (A                     | ttorney/Agent)                                             | 54,498                                           |
|                       |                         |                                                                                           | CERTIFICATE OF MAIL                                                      | ING            | OR TRANS                      | SMISSION                      | 1                                                          |                                                  |
| envelope add          | fressed to:             | correspondence is bein<br>Mail Stop RCE, Common<br>Office on the date show                | ng deposited with the United<br>Ssioner for Patents, P. O. B<br>n below. | State<br>ox 14 | es Postal Sen<br>50, Alexandr | vice with suita<br>ia, VA 223 | ifficient postage as<br>13-1450 or facsimile               | first class mail in an a transmitted to the U.S. |
| Signature             |                         | ///KUN W                                                                                  | MULK                                                                     |                |                               | 1/                            |                                                            | 2.0.0                                            |
| Name (Prin            |                         | Taryn Artalek                                                                             |                                                                          |                | Date                          |                               | Ulh 29                                                     | ,2005                                            |
| This collection       | of informat             | ion is required by 37 C                                                                   | FR 1.114. The information is                                             | s requ         | ired to obtain                | n or rétain a                 | a benefit by the put                                       | lic which is to file (and by the                 |

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USPTO to process) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-

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Patent

Our Docket: 5046US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Date -                                                |   | Signature of person mailing correspondence                                                               |
|-------------------------------------------------------|---|----------------------------------------------------------------------------------------------------------|
| ALEXANDRIA, VIRGINIA 22313-1450  Date                 |   | Takyn Untalek                                                                                            |
| AS FIRST-CLASS MAIL IN AN ENVELOPE A                  |   | IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE ED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, |
| Alexandria, Virginia 22313-1450                       |   |                                                                                                          |
| Commissioner for Patents<br>P.O. Box 1450             |   |                                                                                                          |
| For: Methods for treating blood coagulation disorders | ) |                                                                                                          |
| Filed: October 25, 2001                               | ) |                                                                                                          |
| Serial No. 10/057,620                                 | ) | Examiner: Dave T. Nguyen                                                                                 |
| In re Application of: SCARIA et al.                   | ) | Art Unit: 1632                                                                                           |

## REQUEST FOR CONTINUED EXAMINATION UNDER 37 C.F.R. § 1.114

Sir:

This Request for Continued Examination under 37 C.F.R. § 1.114 is being filed in response to the Notice of Allowance mailed February 16, 2005 in connection with the above-identified application. A response to the Notice of Allowance is due on May 16, 2005. In accordance with 37 C.F.R. § 1.114, Applicant is filing with this request a submission comprising an Information Disclosure Statement, amendments to the claims, amendments to the drawings including a replacement sheet, and the required fee. Accordingly, the request and submission are timely filed. Applicant respectfully requests consideration of the information disclosure statement and entry of the claim amendments and the drawing amendments.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| PE                   | Effective on 12/0                        |                        |                      | Complete if Known |  |
|----------------------|------------------------------------------|------------------------|----------------------|-------------------|--|
|                      | 1.31                                     |                        | Application Number   | 10/057,620        |  |
| 31                   | が g FEE TRANS                            | SMITTAL                | Filing Date          | October 25, 2001  |  |
|                      | for FY 2 Applicant claims small entity s | 2005                   | First Named Inventor | SCARIA            |  |
| TRAT                 | Applicant claims small entity s          | tatus. See 37 CFR 1.27 | Examiner Name        | Dave T. Nguyen    |  |
|                      |                                          |                        | Art Unit             | 1632              |  |
| TOTAL AMOUNT OF PAYM | TOTAL AMOUNT OF PAYMENT                  | (\$) 3,350.00          | Attorney Docket No.  | 5046US            |  |
|                      |                                          |                        |                      |                   |  |

| METHOD OF PAYMEN                                                  | T (check a                                                                                  | ll that apply)          |                         |                                           |                                       |                    | <del></del>          |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------------------------|---------------------------------------|--------------------|----------------------|
| ☐ Check ☐ Credit Ca                                               | rd 🗌 Moi                                                                                    | ney Order 🔲             | None  Other (           | please identify)                          | :                                     |                    |                      |
| Deposit Account Dep                                               | ☐ Deposit Account Deposit Account Number: 07-1074 Deposit Account Name: GENZYME CORPORATION |                         |                         |                                           |                                       |                    | RATION               |
| For the above-id                                                  | entified depo                                                                               | osit account, the       | Director is hereby      | authorized to: (ch                        | heck all that ap                      | ply)               |                      |
| Charge fe                                                         | e(s) indicate                                                                               | d below                 |                         | ☐ Charge                                  | fee(s) indicate                       | d below, excep     | t for the filing fee |
| ☐ Charge ar                                                       | ny additional                                                                               | fee(s) or underg        | payments of fee(s)      | Credit a                                  | any overpayme                         | nts                |                      |
| Under 37 WARNING: Information on th information and authorization | CFR 1.16 a                                                                                  | become public. C        | redit card information  | on should not be i                        | ncluded on this                       | form. Provide cre  | edit card            |
| FEE CALCULATION                                                   | n on P10-203                                                                                | 90.                     | ·                       |                                           |                                       |                    |                      |
| 1. BASIC FILING, SEA                                              | ARCH. ANI                                                                                   | DEXAMINATION            | ON FEES                 |                                           | · · · · · · · · · · · · · · · · · · · |                    |                      |
|                                                                   | FILING F                                                                                    | FEES                    | SEARCH                  |                                           | EXAMIN                                | ATION FEES         |                      |
| Application Type                                                  |                                                                                             | Small Entity<br>Fee(\$) | E00(\$)                 | Small Entity                              |                                       | Small Entity       | Food Doid (#)        |
| Application Type Utility                                          | Fee (\$)<br>300                                                                             | <u>ree(\$)</u><br>150   | <b>Fee(\$)</b><br>500   | Fee(\$)<br>250                            | <u>Fee(\$)</u><br>200                 | Fee(\$)<br>100     | Fees Paid (\$)       |
| Design                                                            | 200                                                                                         | 100                     | 100                     | 50                                        | 130                                   | 65                 | TTELLEN              |
| Plant                                                             | 200                                                                                         | 100                     | 300                     | 150                                       | 160                                   | 80                 | <del></del>          |
| Reissue                                                           | 300                                                                                         | 150                     | 500                     | 250                                       | 600                                   | 300                |                      |
| Provisional                                                       | 200                                                                                         | 100                     | 0                       | 0                                         | 0                                     | 0                  |                      |
| 2. EXCESS CLAIM FE                                                | ES                                                                                          |                         | •                       |                                           |                                       |                    | Small Entity         |
| Fee Description                                                   |                                                                                             |                         |                         |                                           |                                       | Fee (\$)           | Fee (\$)             |
| Each claim over 20 (inc                                           |                                                                                             |                         |                         |                                           |                                       | 50                 | 25                   |
| Each independent clain<br>Multiple dependent cla                  |                                                                                             | ruding Reissues         | 5)                      |                                           |                                       | 200<br>360         | 100<br>180           |
| Total Claims                                                      | Extra C                                                                                     | laims <u>Fe</u>         | e(\$) Fee               | Paid (\$)                                 |                                       |                    | Dependent Claims     |
| <u>52</u> -20 or HP:                                              | = <u>32</u>                                                                                 | x <u>50</u>             |                         |                                           |                                       | Fee (\$)           |                      |
| HP = highest number of                                            | total claims pa                                                                             | aid for, if greater the | an 20.                  |                                           |                                       |                    | <u>360.00</u>        |
| <u>Indep. Claims</u>                                              | Extra C                                                                                     | laims Fe                | <u>e(\$)</u> <u>Fee</u> | Paid (\$)                                 |                                       |                    |                      |
| <u>6</u> - 3 or HP=                                               | _                                                                                           | x <u>20</u>             |                         | <u>0</u>                                  |                                       |                    |                      |
| HP = highest number of                                            |                                                                                             | claims paid for, if g   | reater than 3.          |                                           |                                       |                    |                      |
| 3. APPLICATION SIZE  If the specification and d                   |                                                                                             | and 100 shoots          | of nonor (ovaludin      | a alaatraniaally f                        | Flad gaggers                          |                    |                      |
| listings under 37                                                 | CFR 1.52(6                                                                                  | e)), the application    | on size fee due is S    | g electronically 1<br>\$250 (\$125 for st | mall entity) for                      | each additiona     | 1.50                 |
|                                                                   | thereof. Se                                                                                 | e 35 U.S.C. 41(         | a)(1)(G) and 37 C       | FR 1.16(s).                               |                                       |                    |                      |
| <u>Total Sheets</u>                                               |                                                                                             |                         | oer of each add         |                                           |                                       | of <u>Fee (\$)</u> | Fee Paid (\$)        |
|                                                                   | =                                                                                           | / 50 = _                | (round <b>up</b>        | to a whole num                            | nber) x                               |                    | =                    |
| 4. OTHER FEE(S)                                                   |                                                                                             |                         |                         |                                           |                                       |                    | Fees Paid (\$)       |
|                                                                   | -                                                                                           | •                       | all entity discount)    |                                           |                                       |                    |                      |
| Other (e.g., late t                                               | iling surcha                                                                                | rge): RCE Fee           |                         |                                           |                                       |                    | <u>790.00</u>        |

| SUBMITTED BY      |                                          | -                      |
|-------------------|------------------------------------------|------------------------|
| Signature         | Registration No. (Attorney/Agent) 54,498 | Telephone 508-270-2499 |
| Name (Print/Type) | Jennifer D. Tousignant                   | Date 3/29/05           |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.